

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO. 10/627398 FILING DATE

APPLICANT(S)

7/29/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4	1		1			
5		1		1		
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43		1		1		
44		1		1		
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TOTAL IND.	12		12			
TOTAL DEP.	20		27			
TOTAL CLAIMS	32		39			

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TOTAL DEP.			
TOTAL CLAIMS			